St. Bartholomew's Hospital

"Æquam memento rebus in arduis
Servare mentem."
—*Horace*. Book ii, Ode iii.

JOURNAL.

VOL. XLIII.—No. 6.] MARCH 1ST, 1936. PRICE NINEPENCE.

CALENDAR.

Mon., Mar.	9.	—Special Subjects: Lecture by Mr. Bedford Russell.
Tues., „	10.	—Dr. Graham and Mr. Girling Ball on duty.
Wed., „	11.	—Association Match *v.* Northampton Engineering College. Away.
Fri., „	13.	—Dr. Geoffrey Evans and Mr. Roberts on duty.
Sat., „	14.	—Association Match *v.* Richmond College. Away. Hockey Match *v.* Oxford University Occasionals. Away.
Mon., „	16.	—Special Subjects: Lecture by Mr. Elmslie.
Tues., „	17.	—Prof. Witts and Prof. Paterson Ross on duty.
Thurs., „	19.	—**Abernethian Society: Lecture by Sir James Walton on "Gall-stones". Last day for receiving matter for the April issue of the Journal.**
Fri., „	20.	—Dr. Hinds Howell and Sir Charles Gordon-Watson on duty.
Sat., „	21.	—Hockey Match *v.* Harlesden. Home.
Tues., „	24.	—Dr. Gow and Mr. Wilson on duty.
Fri., „	27.	—Dr. Graham and Mr. Girling Ball on duty.
Sat., „	28.	—Rugby Match *v.* Torquay Athletic. Away. Association Match *v.* H.A.C. Away.
Mon., „	30.	—Rugby Match *v.* Redruth. Away.
Tues., „	31.	—Dr. Geoffrey Evans and Mr. Roberts on duty. Rugby Match *v.* Falmouth. Away.
Fri., April	3.	—Prof. Witts and Prof. Paterson Ross on duty.
Sat., „	4.	—7-a-side Rugby Competition.
Tues., „	7.	—Dr. Hinds Howell and Sir Charles Gordon-Watson on duty.
Fri., „	10.	—Dr. Gow and Mr. Wilson on duty.

EDITORIAL.

THE rapid progress now being made in the building of the new Medical Block—quite as surprising in many ways as the speed of the demolition process—has revealed a new face already. But, to our amazement, the promised old stone facing is not to be, and the stone, so carefully marked and laid aside, has apparently been rejected after all.

It is only to be hoped that changes so alarming are not in store in the visceral constitution of the skeleton we see. Is it, in fact, really going to relieve the congestion and evident shortcomings of the present arrangement? Is it going to bring with it much less walking and moving about for vast numbers of people? Is it eventually to achieve the ambition of satisfying the Special Departments by housing them all in one block, so obviating the present arrangement entailing the lodging of patients in wards far apart and, provided in the first instance, for quite a different purpose? Time alone will show us: and in the meanwhile, one problem in particular is no doubt claiming a great deal of the authorities' attention. We refer to the question of Surgery Ward, whose shortcomings have been evident for a long while. If the imminent changes allow for its expansion, perhaps by its transference, that indeed will be a boon to future generations of physicians and surgeons on duty. For the present, however, we live in ignorance and hope.

Indeed, it is easier to look around us and appreciate what is happening already where "change still doth reign and keep the greater sway". We have, for example, the experimental scheme under which clinical appointments are so arranged that no medical firm in any one quarter contains both "first-time" and "second-time" clerks and no surgical firm both "first-time" and "second-time" ward dressers. Hitherto the seniors and juniors have been mixed indiscriminately except on the medical professorial unit. As a consequence of this scheme, which is obviously beneficial from the teaching standpoint, some dressers have necessarily to do their first surgery-dressing and their first ward-dressing under different surgeons or to split their first six months' surgery with a junior medical appointment. It has, in fact, weakened the "Firm" tradition, and with the beds in the Septic Wards now allotted to the Casualty Surgeons, junior dressers in their first months may not come into contact with the surgeon or assistant surgeon of the firm to which they are attached and to which, when the opportunity comes, they may presumably apply to be appointed as casualty or junior house surgeon.

On the Medical Side, on the other hand, the scheme is said to be more efficacious, and it may be that, when the conclusions are drawn, it may be applied in their case and rejected on the Surgical Side. It is, however,

early as yet to venture any prophecy, as the scheme is purely an experiment and it will be interesting to see its evolution.

* * *

Once more we have, with regret, to record the retirement of an Editor, but at the same time we welcome the opportunity of congratulating Mr. D. W. Moynagh on his appointment to the editorial staff of *The Lancet*—a task for which he has shown himself most admirably fitted by the excellent service he has given the JOURNAL. We wish him every success in his new venture.

* * *

We heartily congratulate Mr. H. P. Nelson on his appointment as Assistant Surgeon to the London Hospital.

* * *

The attention of our readers is drawn to the Sessional Address to be delivered to the Abernethian Society on Thursday, March 19th, at 8.30, by Sir James Walton, on " Gall-stones ".

* * *

The Rugby Football Club announce that the Annual Dance will be held at 16, Bruton Street, on April 4th. Tickets may be obtained by applying to the honorary secretary.

* * *

As we go to press the news of a double reverse reaches us. In the semi-final of the Hospitals Rugby Cup St. Thomas's Hospital defeated us by a dropped goal and two penalty goals (ten points) to nothing, while in the final of the Hospitals Association Cup St. Mary's Hospital were victorious by four goals to three.

* * *

We heartily congratulate P. L. Candler on having played for England in all three International Rugby Football matches, and especially on being a member of the side which gained a memorable victory over New Zealand. It is with great pleasure that we note his inclusion in the side for the Calcutta Cup Match at Twickenham on March 21st.

* * *

The following gentlemen have been nominated to House Appointments from May 1st:

Junior House Physicians—	
Dr. Hinds Howell	Turner, J. W. A.
Dr. Gow	Warren, W.
Dr. Graham	Black, K. O.
Prof. Witts	Paterson, J. F.
Dr. Geoffrey Evans	Jewesbury, E. C. O.
Casualty House Physicians—	
Dr. Hinds Howell	Swain, R. H. A. (*May*). David, J. E. A. (*Aug.*).
Dr. Gow	Cookson, J. S. (*May*). Brown, K. P. (*Aug.*).
Dr. Graham	Prewer, R. R. (*May*). *Jopling, W. H. (*Aug.*).
Prof. Witts	Wolfe, H. L. (*May*). Oliver, W. A. (*Aug.*).
Dr. Geoffrey Evans	Winter, J. R. (*May*). Davis, H. Noel (*Aug.*).
Junior House Surgeons—	
Sir C. Gordon-Watson	Dalley, G.
Mr. Harold Wilson	Braithwaite, F.
Mr. Girling Ball	Ward, F. G.
Mr. J. E. H. Roberts	Morel, M. P.
Prof. J. Paterson Ross	Baynes, T. L. S.
Casualty House Surgeons—	
Sir C. Gordon-Watson	Merriman, B. M. (*May*). *Brentnall, G. C.(*Aug.*).
Mr. Harold Wilson	Hutt, C. W. (*May*). Leask, L. R. (*Aug.*).
Mr. Girling Ball	Buckland, L. H. (*May*). Underwood, J. E. (*Aug.*).
Mr. J. E. H. Roberts	Prothero, D. A. (*May*). Farquhar, J. V. L. (*Aug.*).
Prof. J. Paterson Ross	Joseph, H. S. (*May*). Ogilvie, J. D. (*Aug.*).
Intern Midwifery Assistant (Resident)	Wheeler, F. E.
Intern Midwifery Assistant (Non-Resident)	Danino, M. A.
Extern Midwifery Assistant	Young, W. J. (*May*). Gabb, R. T. (*Aug.*).
H.S. to Throat and Ear Department	Youngman, J. G.
Junior H.S. to Throat and Ear Department	Gabb, R. T. (*May*). Buckland, L. H. (*Aug.*).
H.S. to Ophthalmic Department	Martin-Jones, J. D.
H.S. to Skin and Venereal Departments (Non-Resident)	Hinds Howell, C. A. (*May*). Hunt Cooke, A. (*Aug.*).
H.S. to Orthopædic Department	Dale, R. H.
H.P. to Children's Department	Reavell, D. C.
Junior Resident Anæsthetists	Mundy, R. Nicoll, J. A. Vere.
Non-Resident Anæsthetist	Wilson, J. D.

* If qualified.

ANÆSTHESIA YESTERDAY AND TO-DAY.

THE advance of anæsthesia is a romance of modern medicine. Thanks to the chemist and pharmacologist, progress has been rapid in the last few years. No longer is the anæsthetist looked on with suspicion, for his branch of the profession has been granted a diploma, and his field of operations is much wider. With increased scope has come greater responsibility; for he shares with the surgeon the duty of deciding what type of anæsthetic should be administered. Not only has the scope of his work increased, but also his impedimenta. Years ago the anæsthetist carried a small bag containing a bottle of ether and a bottle of chloroform, together with a mask and lint; these with a gag and tongue forceps were all that was carried. Such was the chloroform era. But it is not for us to smile condescendingly on the days that are gone, but rather to marvel with due humility at the results obtained by those same wizards who wielded the drop-bottle. Foremost among them were Mills and Richard Gill. To Mills we owe the chloroform drop-bottle and tradition has it that it was suggested to him whilst watching a

cockney sprinkling his whelks with vinegar from the sprinkler that is still is use in oyster-bars to-day.

Gill was chloroformist to this hospital for many years, and his skill with the drop-bottle and lint was superb. He was a master, and many Bart.'s men owe him a debt of gratitude for teaching a very useful and simple method of achieving anæsthesia. As an anæsthetic, chloroform, however, has certain drawbacks—a toxic action on the liver, a strong depressant action on the heart and often marked post-operative vomiting. In order to minimize these risks the nitrous-oxide ether chloroform sequence was evolved. At St. Bartholomew's this method was taught by Mr. Foster Cross, and in his hands proved most satisfactory. Dr. Hadfield used a different technique, though he also used a Clover's ether inhaler for induction. He substituted ethyl chloride for gas and open ether for chloroform. Mr. H. E. G. Boyle had been working on the old problem of the ideal anæsthetic, and to him we owe the Boyle's gas-oxygen machine, which in its present form is still the simplest and, in my opinion, the safest machine of its type in use to-day. Boyle's introduction of the nitrous oxide oxygen method into the Hospital marked the beginning of a new era in anæsthesia. He also introduced to us hyoscine compounds "A" and "B" for pre-medication, and with the advent of this combined technique post-operative vomiting greatly decreased. As the method became more widely used, so did our skill increase, so that many operations were performed without mixing ether with the gas-oxygen. It is a source of great satisfaction to the anæsthetic staff that Mr. Boyle has had the Honorary Fellowship of the Royal College of Surgeons of England conferred upon him for his work in furthering the progress of anæsthesia.

Improved apparatus led to a modified approach, and the needs of the surgeon for an uninterrupted and unencumbered field of operation round the head and neck led to the adoption of the endo-tracheal insufflation method. This was first used some years ago by Boyle. A bellows pumped air over the surface of the ether, the vapour of which was delivered to the lungs by means of an endo-tracheal catheter. This method was replaced by the Boyle's machine, which enabled us to give nitrous oxide and oxygen direct. At first insufflation was used freely, but gradually it became restricted to operations on the head and neck, chest and abdomen. For operations on the upper abdomen insufflation with an endo-tracheal catheter gives as quiet a field for work as any owing to the gentle respiration induced. In the ordinary insufflation method a small catheter is used, but Magill has perfected a technique using a large soft one. In this the patient breathes wholly through the catheter and the pharynx may be completely packed with gauze. This technique is most useful for operations inside the mouth, but is not as suitable for abdominal surgery as the insufflation method, which gives a quieter abdomen. Endo-tracheal anæsthesia has been criticized by some because it leads to a sore throat and laryngitis. This is only a half-truth, and it may be said that there will be no trouble of this sort if the catheter is passed correctly and at the proper time. If the laryngoscope is handled carelessly and the patient is too lightly anæsthetized trauma will result. Sore throat is caused by careless intubation and coughing, due to too little anæsthetic. If a catheter is to be passed under very light anæsthesia the larynx should first be sprayed with 10% cocaine. Another criticism of the method is that it predisposes to sepsis. It has been suggested that septic material may be carried into the trachea by the passage of a catheter through the nose into the larynx. Theoretically this may be true, but experience shows that there is no greater incidence of chest complications when this method has been used.

THE IDEAL ANÆSTHETIC.

From time to time new anæsthetic agents are tried out at the Hospital; ethylene, vinethene and cyclopropane have all been used with varying success, but it is too early to venture an opinion on them. This search for new agents, however, suggests that the ideal anæsthetic has still to be found, and this should fulfil the following conditions:

(*a*) It should be pleasant to take and have little odour.
(*b*) It should be non-toxic and rapidly eliminated.
(*c*) It must not unduly depress respiration, and the circulatory system should not be affected.
(*d*) Relaxation should be obtained easily and there should be a wide margin of safety.
(*e*) There should be no after-effects such as vomiting and nausea.

In fact we need something that will make the patient insensible to pain, but from which he will waken as from normal sleep. No anæsthetic at present approximates to this ideal, but by the use of suitable pre-medication we can get within reasonable distance of it. Thanks to gas-oxygen and improved pre-medication, anæsthesia has lost most of its terrors. No longer need the patient experience hours of vomiting with the taste and reek of stale ether and the general feeling of misery which is its accompaniment. Not only have we the aftermath to deal with, but also the question of the induction, for there are patients who are literally terrified of a mask being applied to the face. Many of them have had previous experience of anæsthetics, and have, perhaps, been made to feel suffocated. It is for these patients that drugs like avertin, nembutal and evipan come as a real boon. There is no need for any

sense of suffocation if an anæsthetic be well administered, but if a patient has once experienced this sense of being "blown up" he fights shy of a gas-mask a second time.

Pre-medication undoubtedly has its place in surgery, but it must be used with discrimination and a sense of proportion. The intravenous route can be just as safe as the oral, provided the man with the syringe is careful and competent. The following is a list of the routes by which the various drugs for pre-medication are given:

(*a*) Rectal: avertin, paraldehyde.
(*b*) Oral: nembutal.
(*c*) Hypodermic: hyoscine, comp. A and B; omnopon and scopolamine.
(*d*) Intravenous: evipan, nembutal.

It is sometimes advisable to use a simple preparation like hyoscine compounds "A" or "B" alone, yet this may be used preparatory to the use of another drug like nembutal orally or evipan intravenously. On the other hand, it is quite usual to omit the preliminary hypodermic injection of morphine and hyoscine; it depends upon the state of consciousness required. Our aim is threefold: To remove apprehension, to diminish the amount of anæsthetic required, and thus to avoid unpleasant after-affects.

There are different methods of using these drugs, but the following have been found satisfactory:

Drugs Producing Complete Unconsciousness.

Avertin, which is given *per rectum*, is tri-brom-ethyl-alcohol, and proves most effective in use. It produces complete unconsciousness, and its dosage is gauged to a large extent by the body-weight. The usual dose is 0·1 grm. per kilo body-weight, and Messrs. Bayer Products give a dose-table based on the body-weight in stones. Experience is necessary in the grading of the dose, but the dose-table supplied is a rough guide. Above 12 st., however, which corresponds to a dosage of 7·6 grm. of avertin, caution is necessary; more than this quantity should be run in only in small amounts (15 to 20 c.c. of solution at a time).

Children react well with avertin (in fact the recommended dosage is rather on the small side), whereas elderly people need treating with extreme caution. It is quite easy to give the aged more than is advisable, and I have known a woman about 70 years old remain asleep for nearly thirty-six hours. Avertin is put up dissolved in amylene-hydrate, 1 c.c. of the fluid being equivalent to 1 grm. of solid avertin. The makers state that it should always be made up with distilled water at no more than blood heat. Experimentally it has been shown that London tap-water is quite satisfactory. If the water has no acid reaction all is well, for acid and heat cause the avertin to break down into di-brom-acetaldehyde and hydrobromic acid, both of which compounds are very irritant. Congo red acts as indicator, for should decomposition take place the hydrobromic acid will turn the pink to blue. I think it is important to prepare the avertin a short time before use and not to keep it overnight. In preparing the fluid the requisite amount of avertin is added gradually to water (distilled preferred), which is just pleasantly warm to touch. Five drops of 1 in 1000 Congo red are added to the mixture, which is well shaken, and should now be pink in colour and quite clear. The patient is prepared by a preliminary enema the night before, and every care should be taken to ensure the rectum being empty. The avertin is run in slowly by gravity by means of a tube and funnel, the patient being on his left side, with a pillow under the buttocks. In hospital practice the avertin is given one hour before operation, but this is to allow for difficulties in operation times in a long list. It is well to allow half an hour to elapse before moving the patient after the injection has been given, so as to be quite sure that he will not be roused when moved from his bed.

In avertin anæsthesia the face is flushed, the respiration is quiet and, if the dosage is correct, there is no need to hold the jaw, although this always should be watched. The pulse is quickened at first and then returns to normal and the eye shows very definite signs: the lid is quite slack, the pupil is pin-point and the corneal reflex is sluggish or absent, and yet the patient will respond immediately to stimulus. It is said that coramine given intravenously in doses of 3 c.c. is almost specific if there should be any collapse; actually I have not needed to try its efficacy in a series of several hundred cases. The patient usually requires only a little gas-oxygen to maintain anæsthesia, unless the abdomen is to be opened through any other incision than the small appendix one.

The combination of avertin with spinal anæsthesia is definitely contra-indicated, as there is sometimes a fall of blood-pressure (20 mm. Hg.) after the former. Avertin itself is contra-indicated in renal and hepatic insufficiency.

Avertin narcosis lasts a variable length of time, though two hours is the average. Elderly people have been known to sleep for as long as twenty-four hours or so, but this is due to too liberal a dose. Morphia, gr. $\frac{1}{6}$, may be given when the patient comes round, and if there is any trace of excitement this drug will keep the patient quiet and comfortable. It should never be given before avertin except in the case of thyrotoxic patients, and gr. $\frac{1}{6}$ is given to them one hour before

operation at the same time as the avertin is administered. This method works well with the moderately toxic cases, but I have come to prefer omnopon gr. $\frac{2}{3}$ and scopolamine gr. $\frac{1}{150}$, omitting avertin altogether for the very bad cases.

Evipan is a barbiturate and is given intravenously. It is rapidly detoxicated, and hence has certain advantages for intravenous use. It may be combined with a preliminary hypodermic injection of omnopon gr. $\frac{1}{3}$ with or without scopolamine gr. $\frac{1}{150}$ half an hour before. Evipan is prepared as a white powder (1 grm.) enclosed in a sterile ampoule, and with it is sent out another ampoule of (10·5 c.c.) sterile distilled water. It is readily soluble, and the solution is injected intravenously in the usual manner. It is important to inject very slowly, at the rate of 1 c.c. every thirty seconds, and after 2 c.c. has been injected, a pause of at least thirty seconds should ensue before giving more. The patient should be made to talk while the injection is made, as speech gives a reliable guide as to the action of the drug. It is very common for the first sign of its taking effect to be a yawn, and this is rapidly followed by blurred speech, and finally a polite but unmistakable snore. "How much evipan must I give?" is a frequent question. The answer is best given by Dr. Drysdale's "Enough". A fair guide is to give as much again as produced sleep, so that if the patient requires only 2 c.c. to produce sleep, give a further 2 c.c.; but if 5 are required do not give more than another 2. It all depends upon the length of operation, the anæsthetic to be administered, and whether omnopon has been given as a preliminary.

It is possible to use evipan as an anæsthetic, but it is unreliable, and not without its dangers in this capacity. However, it has a very real use as a preliminary to gas-oxygen and may be used in abdominal surgery in combination with gas-oxygen ether; moreover, much less ether will be required than usual, and a very placid anæsthesia is obtained. It is most useful for the patient who wishes to be unconscious before a mask is applied, for its effects are so transient that usually the patient is showing signs of returning consciousness immediately the gas-oxygen is stopped. The contra-indications are the same as those for avertin.

Drugs Giving Drowsiness and Peace of Mind.

Oral.—There are several drugs which may be used, such as sodium soneryl and sodium amytal, but the one I prefer is nembutal. Nembutal, a barbiturate, is put up in capsules of gr. $1\frac{1}{2}$ each, and may be combined with omnopon or hyoscine compound A. This compound is ideal for orthopædic patients, who are given two capsules of nembutal (which are pricked with a needle to facilitate absorption) one hour before operation. It is a good plan to give a teaspoonful of milk of magnesia with it, as this is said to aid absorption. At the same time hyoscine comp. A or omnopon gr. $\frac{1}{3}$ and scopolamine gr. $\frac{1}{150}$ is given hypodermically. After these the patient comes to the theatre scarcely aware of what is happening and requires very little ether indeed. The after-results are also very satisfactory, for with a further injection of omnopon gr. $\frac{1}{3}$ they remain drowsy and comfortable for the greater part of the day.

Nembutal may be used with slightly different technique, in that one capsule is given the night before, followed by two capsules one hour before operation. The sedative effect is not so marked with this method, but for those people who are upset with morphine it is a very fair substitute. Nembutal is contra-indicated in elderly subjects and in those whose hepatic and renal functions are defective.

Hyoscine compound A consists of morphine gr. $\frac{1}{6}$, hyoscine gr. $\frac{1}{150}$ and atropine gr. $\frac{1}{150}$; while the B contains morphine gr. $\frac{1}{4}$ hyoscine gr. $\frac{1}{150}$ and atropine gr. $\frac{1}{150}$. Omnopon and scopolamine is available in two strengths—omnopon gr. $\frac{1}{3}$ or gr. $\frac{2}{3}$, the scopolamine content being the same in each case, viz. gr. $\frac{1}{150}$. The use of these drugs enables the anæsthetist to control the patient with gas-oxygen only, with the resulting advantage that the patient recovers consciousness at once, thus allowing him to co-operate properly in chest surgery; for it is here that the surgeon requires the patient to be able to cough up any secretion which may have accumulated during the operation. For thoracic surgery in men the hyoscine compound B is satisfactory, and the A for frail women. The bigger dose of omnopon is recommended for healthy adults where relaxation is required with gas-oxygen only. On the other hand, the smaller dose compound is most satisfactory for the elderly patient, who quite frequently is rendered amnesic after its use, and all memory of his visit to the theatre is blotted out. This compound A is very suitable for abdominal surgery, for by its use we are enabled to obtain quiet respiration and it is possible to grade the ether dosage very finely.

Pre-medication for children, in my opinion, resolves itself into the use of two drugs, avertin *per rectum* and nembutal orally. Some children resent the passage of a rectal catheter, but with tact this can be overcome. Given a tactful nurse, who will run the avertin in very, very slowly, the method is quite successful, and the dose of 0·1 grm. per kilo body-weight is not at all too much. As a rule it is advisable not to employ avertin in any child under four years old. Nembutal given

by mouth is very satisfactory indeed for young children, and the dosage recommended is as follows:

Over two years and under five .	gr. 1½ (one capsule).
Over five and under twelve . .	gr. 2 (*not* two capsules).
Over twelve	gr. 3 (two capsules).

Another way of reckoning the dose is to give 0·6 gr. for each stone of weight.

Nembutal given in this way nearly always produces amnesia, although the child may apparently be quite awake. It is not easy to persuade a child to swallow a gelatine capsule, but the powder may be given in honey or jam. By this means the very bitter taste is avoided.

Remember the anæsthetist's task is like a policeman's —not always a happy one; yet in the words of Shakespeare, "Our true intent is all for your delight".

Finally, two points must be stressed: First, that every case must be judged on its merits; and second, that post-operative chest complications are as likely to ensue if a patient is too long unconscious after laparotomy as it is certain that the emphysematous smoker will become "chesty" after ether.

The following is a list of operations, with suitable pre-operative sedatives:

For Adults.

Orthopædic operations and operations upon the extremities:
Omnopon gr. ½, scopolamine gr. $\frac{1}{150}$ hypodermically and nembutal gr. 3 orally.
Avertin may be used as an alternative.

Operations about the mouth and throat:
Short (tonsil)—
Omnopon gr. ½ and nembutal gr. 3.
Evipan intravenously with or without omnopon gr. ½.
Long (plastic)—
Avertin.
Evipan with hyoscine comp. A.

Block dissection of neck:
As above.

Thyroidectomy:
Avertin with field block with novocain.
Omnopon gr. ⅓ and scopolamine gr. $\frac{1}{150}$ for the bad cases combined with field block.

Thoracic:
Hyoscine comp. B for men, and A for frail women.

Breast:
Avertin or evipan.

Abdomen:
Appendicectomy—
Avertin, evipan, or omnopon and scopolamine.
Lower abdominal—
Avertin, evipan, or omnopon and scopolamine.
Upper abdominal—
Avertin, evipan, or omnopon and scopolamine.
A field block with novocain adequately performed will usually obviate the need for ether.
Cæsarian section—
It is wiser to avoid all pre-medication in order to ensure immediate respiration on the part of the child.
Rectal:
Piles, etc.—
Hyoscine comp. B with low spinal if desired.
Perineal excision—
Hyoscine comp. B with spinal and gas-oxygen.
Prostatectomy—
Hyoscine comp. B.

FRANKIS EVANS.

A CASE OF CYSTICERCOSIS.

THIS case is interesting because it is rare to find man acting as both host and intermediate host for the *Tænia solium*. The following is briefly the history of the case:

S. C—, an ex-soldier, now a roadman, was admitted to Rahere Ward under the care of Dr. Geoffrey Evans on January 27th, 1935, complaining of "staggering gait and fits".

1915: He was in a German prisoners of war camp and whilst there passed a tape-worm.

1919: He began to have epileptiform attacks, characterized by sudden loss of consciousness and followed by deep sleep; there was no biting of the tongue or loss of bladder control, but he hurt himself falling. The attacks occurred as frequently as five times in twelve hours, rapidly following each other, and often at night. These attacks continued until four years ago, since when he has been free.

1923: He developed numerous small subcutaneous lumps on his arms and trunk, which, for the most part, have now disappeared.

Three years ago he had a sudden attack of nausea and effortless vomiting unconnected with any other digestive disturbance. During the attack he fell, but did not lose consciousness, and subsequently he first noticed that he was staggering when he tried to walk. The whole attack only lasted for half an hour.

Two years ago he had a similar attack, which was also followed by complete recovery.

One and a half years ago the vomiting became a daily occurrence, and the "staggering gait" has gradually progressing up to the present time.

Four months ago he was admitted to Ipswich Hospital, where he stopped vomiting, but his gait did not improve.

Since then he has been at home unable to work because of his inability to walk.

Past history.—1910: Malaria whilst in India.

1915: Bullet-wound in the left temporal region.

On examination the abnormal physical signs are: An old scar at the outer canthus of the left eye, with loss of sensation over the surrounding skin area and diminution of the corneal reflex. There is also scarring of the left retina, with diminution of vision in that eye. He has a doubtful nystagmus. Dental sepsis +.

On the forearms are five soft swellings, which are smooth and spherical; they measure ½ in. in diameter and lie in the subcutaneous tissues. Also numerous hard bodies about the size of small green peas can be felt below the skin of the arms and legs. They are not painful.

When walking he staggers from side to side, and cannot turn round sharply. There is no rigidity. Romberg's sign negative.

Pathology.—Blood-count and *differential white blood-count* normal. *Fractional test-meal* normal.

Cerebro-spinal fluid: Pressure, 120 mm. Protein: 30 mgrm. %. Globulin: a slight increase. Sugar: present. Chlorides: 730 mgrm. Total cells: 92 white blood-cells; 5 red blood-cells. Lymphocytes, 91%; endothelial cells, 6%; polymorphonuclears, 3%.

Wassermann reaction in the cerebro-spinal fluid negative.

Lange gold curve: 0122100000.

X-rays.—Numerous small calcified areas could be seen in the pictures of the legs, pelvis, arms, thorax and neck; but in the picture of the skull only a suggestion of calcified nodules could be seen.

A calcified nodule was excised which on decalcification proved to be a cyst-wall, but any scolices or hooklets had degenerated. The skin-sensitivity test was not done.

Whilst in hospital the patient had one attack of vomiting, but no fits. He was given "re-educational movements", and within a week was marching about the Square with his old military step.

Apart from the rarity of the diagnosis of cysticercosis, this case is interesting for the closeness with which it follows a series of 72 cases investigated by H. P. F. Dixon and D. W. Smithers in connection with epilepsy. Their cases were all found in people connected with the fighting forces, and it is suggested that the infection is generally acquired in the East, although in this case auto-infection in Germany was most probable. The sites of election for the cyst formation are the muscles and brain, to which the hexacanth embryos are carried by the blood-stream. In the series quoted the symptoms complained of were headache, fever, malaise and epilepsy; and the diagnosis was made by excision of a cyst, by skin tests, which are never constant, and by radiological examination, which shows the calcified cysts giving a snow-storm effect. It takes five years from the time of infection for a cyst to become calcified in muscle, and even longer in the brain. An eosinophilia is usually only found in the acute active stage, whilst changes in the cerebro-spinal fluid are uncommon, two only of the series showing any change, and in both cases a lymphocytosis.

The presence of live parasites in the brain causes little disturbance, the epilepsy occurring on the death of the cyst, and being due in part to an increase in the size of the cyst, and in part to a toxic effect.

The cyst is surrounded by a wall of sclerosed neuroglia, with small round-cells and plasma-cells between it and the brain substance. On the death of the cyst there is an increase of cells and degeneration of the cyst and surrounding neuroglia. The damaged area undergoes necrosis, and finally is surrounded with a new sclerosed neuroglial wall.

The prognosis is, as a rule, bad, the number of fits depending on the number of cysts which have lodged in the brain, and usually the fits continue till severe mental deterioration or death occurs. However, in this case the prognosis is good, as five cases have been reported which stopped having fits, and in none of these has there been any recurrence, even as long as fourteen years later.

Treatment can be only palliative; but the diagnosis is important in that it may prevent an operation for cerebral tumour or a diagnosis of familial epilepsy.

REFERENCE.

DIXON, H. B. F., and SMITHERS, D. W.—*Quart. Journ. of Med.*, xxvii, 1934.

C. A. HINDS HOWELL.

THE SKLIFASOVSKI HOSPITAL, MOSCOW.

THE truth about Russia and Russian institutions is difficult to come by. The Russian feels towards the intourist as many students do towards the visiting staff; and so he never forgets to try and show himself and his institutions off in the best possible light without always having precise regard to the truth. Perhaps this is the reason why so much that has been written in English about modern Russia is either enthusiastically for or enthusiastically against it.

Wishing to write without bias and to avoid that common mistake of making only partly known facts fit feelings, I will just describe what I saw and heard during a visit to the Sklifasovski Hospital and the reader shall be left to make his own inferences, and, if he likes, he can wonder about the answer to some of the following questions for himself. Would patients get as good and as rapid attention in London if State medicine replaced our present voluntary system? If all the hospitals were centrally controlled in London, as in Moscow, could the clinical material be better used for purposes of research? Could such a "unit" as Prof. Gask visualized on his last round at St. Bartholomew's—a unit which could tap all the clinical material in England—more quickly become reality under state-controlled and centralized medical services? Would the personal touch of the physician be lost under such a system?

"Intourists," the Russian travel bureau, arranged the visit, and were kind enough to provide me with an expensive interpreter. She was about twenty years old, spoke very poor English and knew nothing about hospitals, but had a great desire to please. We left the hotel in an open car. Driving northward over the Moscow river up the hill towards the Red Square, we left the golden domes of the Kremlin churches and the exquisitely beautiful St. Basil's Cathedral on our left, and within ten minutes we were outside the hospital.

It is a long, low, two-story building, built in the pseudo-classical style of many of our own eighteenth century houses, with a semi-circular front enclosing a garden, bright with flowers.

We were received by a member of the medical staff, a man of great courtesy, who took extreme pains to explain the organization of the hospital and to show me everything I wished to see. At first his descriptions and tireless explanations were sadly interpreted by only a few halting English sentences, until we discovered a common meeting-ground in German. Not having the heart to dismiss the interpreter, she followed us round, marvelling greatly (at two roubles an hour) at the wonders of a hospital and the German language distorted by an Englishman.

The hospital was originally built by a Russian aristocrat in memory of his peasant wife, to be a charitable hospital for the sick poor, and as such it continued until the November Revolution. With the establishment of the People's Commissariat of Health in June, 1918, to control and centralize all the medical services of the U.S.S.R., it became a state hospital.

The hospital has now 700 beds and is the central emergency hospital for the whole of Moscow, a city of four millions. It treats emergencies only, whether they be due to accident or pathological cause.

We went, first, through the garage, which houses about fifteen ambulances, to the hospital telephone exchange. Covering one wall of this exchange is a large map of Moscow divided into eight areas, and in the centre of each there is a hospital with an emergency substation for that area. The exchange is connected by private lines to these substations, and to the private telephone systems belonging to the police and tramway services. When an emergency occurs, which may require an ambulance, this central exchange must always be called, and the doctor in charge decides whether an ambulance is necessary, whether they or one of the substations shall send it, and to which hospital the patient shall be taken. In any case an ambulance with a doctor and a nurse aboard leaves within two minutes of the exchange being called. Calls keep busy continuously two operators, who pass slips of paper with instructions through a hatch to a room over the garage, where the nursing and medical staff on duty are ready waiting to go out. As the exchange is connected with all the police points in the city through the police lines, an ambulance can be stopped *en route* and instructed to pick up another case should it occur.

The receiving department of the hospital, which is reached by a passage from the garage, receives all the ambulance cases coming to the hospital, and also acts as an out-patient department for minor casualties occurring in the immediate district of the hospital. Here there are numerous consulting-rooms, each dealing with different emergencies, such as coma, trauma and fractures and internal catastrophies, etc. In addition there is an X-ray department and the cadaver blood department.

In the emergency X-ray department there are two diagnostic sets, the one made by Siemens, the other of wholly Russian manufacture. Any patient with an acute abdomen, in which a perforation is suspected, is immediately X-rayed; and, in consequence, they have a very fine and large series of plain X-rays of the abdomen showing varying quantities of free gas in the peritoneal cavity under the diaphragm. By this means a positive diagnosis of perforation is often made within half an hour of its occurrence; such cases show just a thin

translucent line immediately under the diaphragm. They also have a large series of X-ray pictures of foreign bodies, translucent to X-rays in the pharynx and œsophagus, demonstrated by means of a barium swallow. After removal these foreign bodies are attached to the pictures for reference; they are mostly fish-bones.

In the room reserved for obtaining the cadaver blood the corpse is placed on an operating table and the blood is drained away by means of a two-way cannula, which is inserted under surgically clean conditions into the internal jugular vein. The cadavers used are all from cases of sudden death, either due to heart failure or accident, and the blood is taken within six hours after death. It is poured straight into a bottle without the addition of any anti-agglutinating agent which is found to be unnecessary with cadaver blood, and is stored in an ice-chest until it is required. There is a label on each bottle stating the cause of death of the donor, the time after death at which the blood was taken, and the results of Wassermann and sterility tests. Until this label has been filled in the blood is not allowed to be used. It is found that this blood, unlike that from a living donor, practically never causes any reaction when given. It is used extensively in the treatment of burns with severe degrees of shock, which are treated in this hospital by exposure to the air.

The wards mostly have about fifteen patients in each of them, and are about a third the size of the wards in the Surgical Block at St. Bart.'s. Many of the wards are reserved for cases of one special character only. Thus one male ward, with fifteen beds, is reserved for cases of fracture of the spine only; these patients are under the care of an elderly lady doctor, who has treated 350 cases of fractured spine in the last four years by her own method. The patients lie flat on their backs without any special support, extension or manipulation of the fracture. The foot of the bed is raised and, in uncomplicated cases, active movements are started on the third day. The exercises are progressive, and are performed as a drill by the whole ward twice a day, each patient dropping out as his most advanced exercise is reached. At first only rotary movements of the hands and feet are allowed, and then slight flexion of the arms and legs, after which the patient is taught to turn over on to his front without bending the back, so that extension of the arms and legs can be practised. Eventually the patient starts actual movements of the trunk; these are done lying down, then standing, and finally in a sitting position. Actual massage and passive movements are not allowed until the patient is ready to leave the hospital. By this method of treatment most patients are ready to leave hospital in four months, to do light work in six months and do heavy work at the end of one year, and it is claimed that there is a much lower rate of permanent disability than occurs after more orthodox methods.

G. E. LOXTON.

APPENDICITIS.

(With apologies to great poets parodied.)

THE ONSET (MORTE D'APPENDIX). (1)

All night long in anguish deep I rolled
And bit the bedclothes I could scarcely see
Until when day was but a few hours old,
The doctor came from his foreshortened sleep;
And then, because my pain was deep,
He to the nursing home transported me.

THE NURSING HOME ('EAVE ANOTHER IN!). (2)

This is the surgical nursing home, the murmuring sisters and nurses
Welcome the patients who come, and depart in their cars—or their
. . . ,
Whilst near the theatre adjacent, the kindly-voiced resident matron
Speaks, and in accents disconsolate answers the wails of relations.

THE THEATRE (CHILLED AND HARROWED). (3)

There was a sound of devilry by night,
And to the theatre they took me then—
All shaky and all shivery—
Where bluish lights shone o'er strange women and stern men.

THE OPERATION (FEES!!) (4)

Here see the surgeon take his lancets from the trays,
Carve my abdomen with quick fingers, supple wrist,
Turn my interior most dexterously out,
And trim off pieces, whilst the anæsthetist
Busied with spinal injections, surveys
The white-robed nurses handing swabs about.

THAT NIGHT. (5)

My body, dead from toes to neck,
Inert on that hard bed,
With straining eyes, lay dumb, a wreck,
—I couldn't move my head.

NEXT MORNING (FALLEN LOW DOWN). (6)

Mumbling and moaning, grumbling and groaning,
Senses all deadened, but aching and sore,
Longing to move or turn, too weak to even squirm,
Caring not whether in bed or on floor.
Peevish with petulance, flaccid with flatulence,
Drinking hot water and not a thing more.

NEXT EVENING. (7)

My headache throbs like h—— with parting day
I'm feeling sick and sore as sore can be;
The night-nurse plods upon her weary way
And leaves the night to sleeplessness for me.

A FEW DAYS LATER (BAFFLE ILLS!) (8)

I pondered lonely 'neath a cloud
Of gloom each day, and thought of bills
And work undone, and sighed aloud—
Till nurse suggested chills and pills!
Then growing strength and greater ease
Made life a little more inclined to please.

RECUPERATION. (9)

My tummy is painted a gay bright green
Where lately cut and sewn;
And my tummy will cheer them all to see,
Whene'er they take me home.

DEPARTURE. (10)

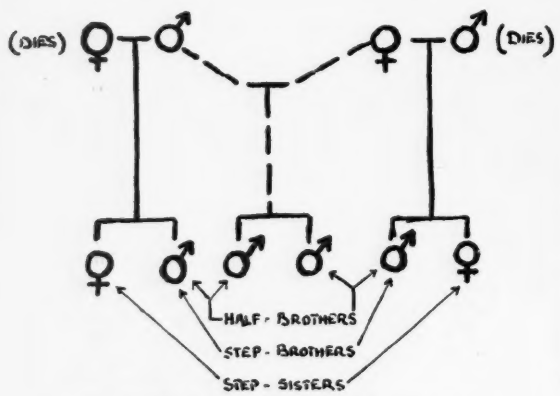
Under the grey November sky
Open the door and let me by;
Sadly I came but gladly fly
And I hie me home with a will;
Sign the book with these words for me—
"Now he's gone, and in two or three
Weeks, back again at his work he'll be,
To earn some cash for his bill!"

(1) Tennyson's "Morte D'Arthur".
(2) Longfellow's "Evangeline".
(3) Byron's "Childe Harold".
(4) Shakespeare's "Bees" (Henry V).
(5) Hemans's "Casabianca".
(6) Southey's "Falls of Lodore".
(7) Gray's "Elegy".
(8) Wordsworth's "Daffodils".
(9) Burns's "My Love is like a Red, Red Rose".
(10) R. L. Stevenson's "Epitaph".

REX OPIE.

HALF-BROTHERS AND STEP-BROTHERS.

DR. GRAHAM has kindly sent us the diagram appended to illustrate the difference between half-brothers and step-brothers—a point upon which he has apparently found general ignorance, including an obvious error in a recent article in a contemporary medical journal. The importance of the difference is self-evident in taking a family history, for half-brothers may have a familial disease, while step-brothers can not. The former, of course, have a parent in common; the latter have not.

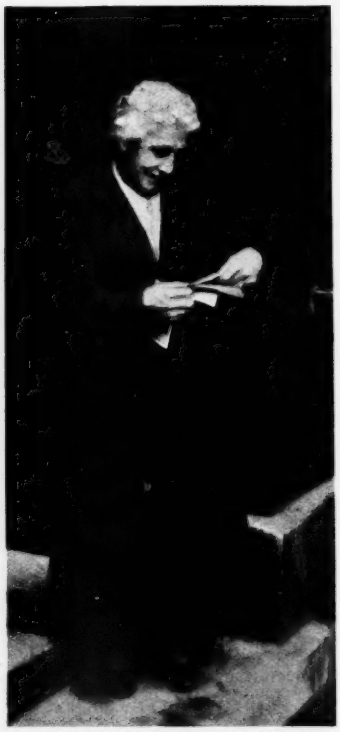


The second marriage is represented in dotted lines.

TWENTY YEARS!

PAST, present and future students of the Hospital should have a special affection for the 6th of January. For it was on this date in 1916—just twenty years ago—that Mrs. Goucher made her début in the Chemistry Department. For twenty years she has added colour, charm and a certain naïve gaiety to the apparatus and salts of the laboratory.

Indeed, what is practical chemistry at Bart.'s without "Mrs. G—"? Why, the terms are almost, if not entirely, synonymous! Rushing round with balances, issuing



sheets, clearing up broken glass, lost in bottles or boiling tea in huge flasks, Mrs. G— is fortunately omnipotent and omnipresent. No student can claim to have passed his first or second M.B. properly if he has not at one time listened to her reminiscences. How she was called in during the war to make up for the deficiency of male attendants (a most happy experiment); how, when she was cleaning the P.M. floor, the rubber sheeting from a body was thrown over her—a fact which made her believe the corpse had come to life; how she wheedled an Armistice poppy from the lapel of Dr. Hurtley; or how she threw an obstreperous carpenter down the lab. stairs. With Mrs. G— the fame of Bart.'s has spread; students from Cambridge have been known to wander in the laboratories and seek her out.

Working on the principle that efficiency and politeness on her side will bring politeness and efficiency from the students, Mrs.G— has certainly got the love and admiration of Bart.'s. Yet she has the courage of her convictions, and is not afraid to criticize where necessary. The slack student will often be brought back to his bench by her word of reprimand. She says she has enjoyed her work tremendously, and is not in the least bit worried at not having learnt any theoretical chemistry during her stay, adding, " I don't suppose it would have got me where I am ".

With cheerful memories and anticipation we send our sincere wishes to Mrs. G— for her next twenty years in the new laboratories.

A. S. P.

MILK.

" If we all drank milk instead of beer we should be an A1 nation instead of a C3." (A declaration of Prof. Woollard that caused much discussion at a meeting of the Society of Medical Sciences.)

Throw down your ale-mugs English men ;
With drinking we have done.
No more we'll be a grade C3,
But every man A1.

For we must stem the deadly rot ;
What manhood there is in us
Is due to mighty milk and not
The Goodness of a Guinness.

We'll fight the evil of the inns,
We'll wage a war with porter,
And milk in pail instead of ale
Shall lead us to the slaughter.

No more the men of Kent shall see
Their hops climb to the clouds.
No more the " Pig and Whistle " be
The tempter of our crowds.

The working-man's love for his cow
Will neither fail nor falter.
He'll pasteurize its milk supplies ;
Drink health to Elliot, Walter.

And so with milk our daily draught
Great strength shall surely follow ;
The Oxford Eight on " Cow and Gate "
Will beat the Light Blues hollow ;

The soldier heedless of his fate
Will fight without a shudder ;
The Premier steer the ship of State,
His hand upon the udder.

P. B.

COLLEGE APPEAL FUND.

SUBSCRIPTIONS TO DATE.

	£ s. d.	*	†
Staff	13,203 11 4	(77)	
Demonstrators	1,768 12 0	(71)	
Students	1,175 3 9	(320)	
Old Bart.'s men:			
‡Bedfordshire	40 13 6	(8)	(26)
Berkshire	123 3 0	(16)	(37)
‡Buckinghamshire	82 4 0	(15)	(29)
‡Cambridgeshire	194 6 0	(18)	(42)
‡Cheshire	6 16 6	(3)	(26)
‡Cornwall	22 12 0	(8)	(36)
Cumberland	5 0 0	(1)	(6)
Derbyshire	19 14 0	(4)	(17)
‡Devonshire	575 1 0	(54)	(98)
‡Dorset	77 11 6	(14)	(30)
‡Durham	17 7 0	(4)	(11)
Essex	264 3 6	(22)	(69)
‡Gloucestershire	257 5 6	(29)	(52)
Hampshire	1,517 4 6	(59)	(134)
‡Herefordshire	17 12 0	(4)	(10)
Hertfordshire	91 18 0	(19)	(73)
Huntingdonshire	5 5 0	(1)	(1)
Isle of Wight	191 13 0	(13)	(25)
‡Kent	588 5 0	(72)	(146)
‡Lancashire	117 4 6	(15)	(82)
Leicestershire	142 0 0	(8)	(28)
‡Lincolnshire	61 9 0	(18)	(27)
‡Middlesex	497 14 0	(34)	(63)
‡Norfolk	178 0 6	(21)	(60)
‡Northamptonshire	59 14 6	(6)	(17)
‡Northumberland	101 1 0	(2)	(11)
‡Nottinghamshire	24 3 0	(5)	(28)
‡Oxfordshire	231 15 0	(22)	(26)
Rutland	1 1 0	(1)	(2)
Shropshire	38 1 0	(10)	(22)
‡Somersetshire	1,782 6 4	(28)	(43)
Staffordshire	194 18 0	(6)	(37)
‡Suffolk	331 0 6	(26)	(46)
Surrey	519 14 6	(60)	(180)
Sussex	648 0 6	(61)	(174)
‡Warwickshire	209 14 0	(23)	(64)
Westmorland	2 10 0	(1)	(5)
‡Wiltshire	1010 11 0	(12)	(26)
‡Worcestershire	161 1 6	(25)	(25)
‡Yorkshire	350 3 6	(29)	(101)
Wales	69 12 0	(20)	(150)
London	6,790 18 2	(222)	(971)
Channel Islands	20 0 0	(2)	(9)
Scotland	15 5 0	(5)	
Abroad	119 1 0	(13)	
South Africa	376 15 6	(20)	
Canada	114 3 6	(8)	
East Africa	87 12 0	(10)	
West Africa	146 10 0	(5)	
India	207 12 0	(13)	
Ireland	25 4 0	(4)	
North Africa	1 0 0	(1)	
North Borneo	10 10 0	(1)	
Australia	122 2 0	(6)	
China	52 8 4	(9)	
Siam	10 0 0	(1)	
France	50 0 0	(1)	
British West Indies	65 8 0	(7)	
Straits Settlements	7 1 0	(3)	
New Zealand	6 1 0	(3)	
Services	649 14 6	(48)	
Others	71,315 2 1	(562)	
Lord Mayor's Appeal	17,990 16 0		
Funds of College	8,000 0 0		
Value of Building	20,000 0 0		
	£153,160 1 6		

* Number of Bart.'s men subscribing. † Number of Bart.'s men in County. ‡ Counties with Secretaries.

STUDENTS' UNION.

The following are the results of Club fixtures held since the middle of January:

Rugby XV	*v.* Halifax. *Won*, 6—0. 2nd round Inter-Hospitals Cup *v.* Middlesex Hospital. *Won*, 9—0.
Rugby "A" XV	*v.* Northampton Crusaders. *Lost*, 15—3. *v.* London Welsh "A". *Won*, 14—6. *v.* London Irish "A". *Won*, 11—0. 2nd round Inter-Hospitals Junior Cup *v.* Middlesex Hospital. *Won*: 14—0.
Association XI	*v.* Old Cholmeleians. *Lost*, 6—2. *v.* H.A.C. *Lost*, 6—2. *v.* Reading University. *Lost*, 2—0. 2nd Round Inter-Hospitals Cup *v.* Guy's Hospital. *Won*, 2—0. Semi-final Inter-Hospitals Cup *v.* St. Thomas's Hospital. *Won*: 5—4, after 50 minutes' extra time.
Association 2nd XI	2nd Round Inter-Hospitals Junior Cup *v.* St. Thomas's Hospital. *Won*, 3—0.
Hockey XI	1st Round Inter-Hospitals Cup *v.* Guy's Hospital. *Lost*, 4—2. *v.* Seaford College. *Drawn*, 3—3. *v.* Aldershot Command R.A. *Lost*, 2—0.
Fencing	*v.* London Hospital (3 F.E.S.). *Lost*, 14—13. *v.* Lucas Tooth Club (3 F.E.S.). *Won*, 16—11.
Golf	*v.* London School of Ecomonics. *Won*, 8 matches to *nil*.

RUGBY CLUB.

2nd Round Inter-Hospitals Cup.

ST. BARTHOLOMEW'S HOSPITAL *v.* MIDDLESEX HOSPITAL.

Played at Richmond on Monday, February 24th. *Won*, 9—0.

Except for a sticky wicket and a cross between a mist and a fog the conditions at Richmond were good. Middlesex kicked off, and for the first quarter of an hour play was well in their half of the field, but their defence was good and they were able to ward off several attacks by our three-quarters. From the first penalty Morison scored with a good kick from outside the "25" (3—0), and shortly after this a fine break-through by Hearn led to a scrummage near the Middlesex goal-line. Though this in itself led to nothing, it was only a minute or two later that Capper pushed his way over the line from a loose scrummage to score the only try of the match. The kick failed (6—0).

For the rest of the first half honours were fairly evenly divided. The Bart.'s three-quarters ran with more purpose than their opponents, and Fairlie-Clarke was outstanding amongst them. Candler was too closely marked by Reid, also an international, for him to accomplish much individually, but his passing was both quick and accurate. Both sides had opportunities for scoring penalty goals, and shortly before half-time Morison was successful once more (9—0).

In the second half Middlesex played a far better game than St. Bartholomew's, and but for the poor passing of their three-quarters should have scored. As the time progressed so the standard deteriorated and free-kicks became plentiful. Of the sixteen awarded ten were given against St. Bartholomew's, three of them in quick succession against Capper. And who but he could have risen from the ground each time with such a look of injured innocence upon his face? In a Cup match it would be an advantage to have less talking in the scrum, less bandying of christian names outside it.

The play on the whole was rather dull from the spectators' point of view, and the game ended without further scoring. Amongst the forwards Newbold and Capper were most prominent, and in the first half the pack worked together well. At full back Morison was his usual cool self, and was kicking safely. Of the half-backs Hearn was the better; indeed his breaks-through on several occasions were the best feature of the game. Fairlie-Clark played his best game of the season and both ran and tackled with great determination, but all the three-quarter backs showed improved form.

Before this is in print the semi-final against St. Thomas's will have been played; we sincerely hope it will have been won.

Team.—C. R. Morison (*back*); E. Griffiths, J. W. G. Evans, G. A. Fairlie-Clarke, J. G. Youngman (*three-quarters*); P. L. Candler, R. D. Hearn (*halves*); R. H. Sandiford, A. R. P. Ellis, E. M. Darmady, W. M. Capper, G. Gray, J. C. Newbold, R. Mundy, G. B. Williams (*forwards*).

HOCKEY CLUB.

1st Round Inter-Hospitals Cup.

ST. BARTHOLOMEW'S HOSPITAL *v.* GUY'S HOSPITAL.

Played at Richmond on Tuesday, February 4th. *Lost*, 4—2.

This match was played, after having been postponed twice, on a lovely afternoon, ideal for hockey, although frost had made the ground a little bumpy and the ball difficult to control. Neither side had played together since Christmas, and it was a test of which side remembered how to play the game first.

Guy's pressed from the start and scored first—a rather lucky goal, resulting from a muddle by our left defence. For the rest of the first half Bart.'s played much better and the ball was mostly in their half. Heyland equalized with a good shot after a fortunate opening, and just before half-time a good movement on the right wing resulted in a goal being scored by Barrett.

In the second half Guy's played very much better and Bart.'s seemed to be demoralised. From the bully-off Guy's pressed hard and scored from a corner—a fact which was due mainly to our side blocking the goal-keeper's view. They scored again, and though Bart.'s tried hard to equalize it was without success. About ten minutes before time Guy's scored their fourth goal.

Moore made some good saves in goal, and during the first half the backs made very few mistakes, although they tended to over-hit. The halves worked hard, but showed a tendency to keep the ball too long, while the forwards suffered chiefly from lack of practice.

Team.—M. E. Moore; W. A. Oliver, A. D. Messent; C. Perkins, E. J. Griffiths, A. H. Masina; R. A. House, R. Heyland, J. R. Winter, T. M. C. Roberts, R. H. Barrett.

RIFLE CLUB.

Although many good shots have left since last year, the Club continues to hold its own in the shooting world. The following are the results of matches to date:

THE INTER-HOSPITAL LEAGUE.

The Lloyd Cup.

December 13th: Home. St. Bart.'s, 575; St. Thomas's, 570. *Won* by 5 points.

January 30th: Away. St. Bart.'s, 578; Middlesex, 560. *Won* by 18 points.

February 4th: Away. St. Bart.'s, 574; St. Mary's, 584. *Lost* by 10 points.

February 14th: Away. St. Bart.'s, 588; St. Thomas's, 577. *Won* by 11 points.

The Engineers' Cup League.

St. Bart.'s, together with Imperial College, are at the top of this League at present.

Matches shot, 11; *won*, 8; *lost*, 3; *drawn*, 0; *points*, 16.

The City of London Rifle League.

St. Bart.'s has not flourished in the seventh division this year, having won only three matches out of sixteen: consequently we fear we will be returned to the ninth division, from which the team was promoted two years ago.

The Lady Ludlow and Sir H. Waring Cups.

The first eliminating round of each of these cups was held during January.

A spoon competition held at the beginning of the month was won by N. H. Halper.

ALPINE CLUB.

A meet was held in North Wales at Helyg on February 15th and 16th, by permission of the Climbers' Club. Ten members of the St. Bartholomew's Alpine Club left the Hospital at varying times on

Friday evening, and proceeded, some faster than others, along Watling Street in the direction of Shrewsbury, where a halt for refreshment was made. Helyg was reached in the early hours of Saturday morning.

After a welcome sleep and a large breakfast two parties set out, one for Glyder Fach and the Idwall Slabs, where besides climbing, rather poor skating was enjoyed by some. The other went to Snowden *viâ* Pen-y-pass, and accomplished a truly Alpine ascent of Trinity Gully with a fine walk home over Crib Goch. Sunday was a magnificent day, and while London experienced one of its worst fogs of the winter, we walked to Tryfaen stripped to the waist. Five people on two ropes made a somewhat slow ascent of the Gashed Crag, and were rewarded for their toil by a glissade off the mountain.

In spite of a trying all-night drive through thick fog back to London, there could be found no one who did not consider that two days in the sun were worth one night in a fog.

OFFICERS TRAINING CORPS.

The Adjutant, Capt. G. E. Tatchell, paid his first visit to the Hospital on February 3rd. A meeting was held in the Anatomical Lecture Theatre, when he explained the why and wherefore of the O.T.C., and the advantages to be gained by joining it.

A lecture was given at Guy's Hospital, by Col. Layton, who described the part played by the R.A.M.C. in and around Jerusalem during the Great War. General Sir John Shay gave an introduction to this most instructive lecture.

All Cadets who intend sitting for Certificates A or B are advised to get in touch with S/Sgt. Price, who will impart the essential information in his inimitable style on Monday evenings.

All Cadets wishing to ride are reminded that they should give their names to R.S.M. Alexander or S/Sgt. Pickering by Thursday evening.

REVIEWS.

POST-GRADUATE SURGERY. Edited by RODNEY MAINGOT, F.R.C.S. With an Introduction by LORD MOYNIHAN. (Medical Publications Ltd., 1936.) Pp. xii + 1742. Figs. 846. Price £2 10*s*. per volume, or £6 6*s*. per set of three volumes.

Appearing, as it does, at a moment when the establishment of the Post-Graduate School at Hammersmith has placed the teaching of this subject on the sure foundation it previously lacked, this book will take its place amongst the largest and most comprehensive works of its kind. From its fellows, however, it differs in many respects, and perhaps the most striking is the attention paid to the medical aspect of the conditions considered—as, for example, in the admirable chapter by Dr. A. F. Hurst on the medical treatment of peptic ulcer. It emphasizes the fact, too easily forgotten in these days of specialization, that the two subjects are complementary and not the one ancillary to the other.

It is pleasing to note the care and great detail devoted to post-operative treatment, and Mr. Maingot's chapter on complications following abdominal operations is one which should be familiar to all types of reader. Not so the section on the Radium Treatment of Malignant Disease, which, in our view, might well have been abbreviated, so reducing to some extent the size of an already well-filled volume. It is true, of course, that no treatise on post-graduate surgery would be complete without reference to methods of irradiation in common use, but the details might well have been left to special books, and the section on Radio-therapy in Diseases of Women—excellently as it is written by Dr. Donaldson—to standard works on gynæcology.

The remainder of the book is in four parts, the first on Anæsthesia, by Mr. Langton Hewer, who deals concisely with general and local anæsthesia, and concludes with a section on the choice of anæsthetic for various operations. It is interesting to note that in his opinion "the 'continuous' method of administering evipan is preferable to the orthodox technique", as the extremely deep narcosis which occurs at the beginning of the operation by the latter method is avoided. Basal narcosis is briefly discussed, and the technique of anæsthetic methods employed in operations for toxic goitre is particularly well described. Lastly, in dealing with spinal anæsthesia, it seems a pity that there is such a short account of the various substances used for the purpose.

The next part, by Mr. Maingot, deals with the Abdomen, and the first section gives an account of the investigation of a case of dyspepsia. The surgery of the stomach and duodenum is then described at length. The figures are excellent, illustrating not only pathological and radiological appearances, but steps in the operative procedures described. A detailed account of post-operative diet in these cases is a welcome feature. The relative merits of various possible operations for different types of ulcer are carefully discussed, and the Peau-Billroth I operation is described in detail by M. Enrique Finochietto, of Buenos Aires. There follow sections on the gall-bladder, pancreas and spleen, and of particular interest is an analysis of the results of a large number of splenectomies, both from the Mayo Clinic and Mr. Maingot's own series. Finally, there is an account of the surgery of the remainder of the alimentary canal, including an account of intestinal obstruction by Mr. Cokkinis and paralytic ileus by the late Mr. Tyrrell-Gray. The colon is dealt with by Mr. Wakeley, and it seems a pity that more attention is not paid to the condition of diverticulitis, which is nowadays more frequently diagnosed, and at all times liable to give rise to perplexing problems.

Part 3 on the rectum and anus, by Mr. Ernest Miles, includes a full description of his own method of performing abdomino-perineal excision of the rectum, and Part 4 is devoted to X-ray Diagnosis, by Dr. Cecil Bull. It is pleasing to note that normal as well as abnormal findings are illustrated and described, and the figures are clear and good.

It remains only to congratulate all those responsible for such a vast production, of which vols. ii and iii will be awaited with great interest. The publishers, Medical Publications Ltd., have produced the work in a most attractive form, with uniformly good illustrations and clear type throughout, and the popularity of the book among candidates for the Fellowship, general practitioners and practising surgeons seems assured from the outset.

HANDBOOK OF SURGERY. By ERIC C. MEKIE, F.R.C.S.(Edin.). With Foreword by JOHN FRASER, M.D., Ch.M., F.R.C.S.(Edin.). (E. & S. Livingstone.) Pp. 699. Price 12*s*. 6*d*.

The author himself describes this book as "expressly designed for the last minute revision". This is what it certainly appears to be. In less than 700 pages he presents the whole of surgery to the reader in a form more interesting and less stereotyped than the ordinary text-book, but at the same time, though the subjects are clearly and well classified, the book is in no sense a tedious cram-book consisting of numerous long lists.

While realizing that everything essential has had to be included and all padding excluded in a book of this size on surgery, we feel that it would make a wider appeal if the paragraphs on treatment were a little fuller; operative and other details are not required, but indications for treatment and some comment on the relative merits of different methods of treatment when several are mentioned should be valuable additions to what is otherwise a most helpful book.

We were surprised to read that radiation therapy for giant-cell tumours of bone is followed by satisfactory results, and also that in 10% of individuals there is non-union of a fracture of the clavicle.

The book should quickly reach a second edition, since it is among the best of the smaller books on surgery, and for the student who has read the ordinary text-books and has a little knowledge of surgery and wants "something different", we can strongly recommend this book by Mr. Mekie.

AN INTRODUCTION TO GENERAL THERAPEUTICS. By H. K. FRY, D.S.O., B.Sc., M.D.(Adel.), B.Sc., D.P.H.(Oxon.), Lecturer in Materia Medica and Therapeutics in the University of Adelaide. (Cassell & Co.) Pp. 223. Price 6*s*.

This short book reviews all possible therapeutic measures in modern medical practice. The importance of rest is first emphasized, then chemical and physical agents are considered, and finally there are chapters on psychotherapy, organotherapy, immunology and dietetics. The author aims at discussing the underlying principles involved, and the possibilities and limitations of different methods of treatment. Unfortunately the reader is given only a scant impression of relative values. In dealing with drugs, some important remedies are hardly mentioned. Surely digitalis deserves more than two lines!

Final year students may find this book of value in certain respects.

Firstly, it gives a general impression of the scope of modern therapeutics. Secondly, it may fill some gaps in his knowledge. His standard text-books barely discuss massage and electrical treatment, but here he will learn the essentials.

NASAL SINUSITIS AND MENTAL DISORDERS. By F. A. PICKWORTH, B.Sc., M.B. (H. K. Lewis & Co., Ltd., 1936.) Price 16s.

Medical students now and in the future, although impressed with the vast array of pioneer research carried out during the past half-century, are bound to notice certain outstanding gaps which should be bridged by clinico-pathological correlations. We have all profited by pathological revelations of clinical conditions at post-mortems; but only a small proportion of us have really critically examined the sphenoidal sinuses before or after death. One has often vaguely wondered at the post-mortem neglect of the No Man's Land between the carefully examined contents of the cranial cavity and the better-known parts of the upper respiratory tract. Here is a book by a man who has done more than a thousand post-mortems, in which particular attention has been paid to this very region.

The subjects of these post-mortems had been under direct clinical observation for long periods before death, and thus Dr. Pickworth has been in a position to correlate his post-mortem findings with ante-mortem symptoms and behaviour. Many cases have been carefully examined histologically and bacteriologically, and it is not too much to say that the result is a new and most important chapter not only in the study of lunacy, but in medicine as a whole. The essential result of his findings is that bacterial toxins and even organisms themselves within the accessory nasal sinuses may permeate and pass through the bony walls of the sinuses into the cranial cavity, without necessarily giving rise to any of the usually recognized clinical signs of meningitis. Micro-organisms have been traced from the sub-epithelial layer of the sinus mucosa down to the periosteum, through the bone and finally into the brain-coverings, although probably owing to the long time between the onset of mental symptoms and death of the patient, only on two or three occasions have they been demonstrated in the brain itself.

Dr. Pickworth has produced abundant evidence that there may occur a very gradual non-suppurative invasion of all the contents of the cranial cavity with organisms, which in more acute infections are pyogenic. Having quoted a mass of cumulative evidence from the work of other pathologists *à propos* the persistence in the body of avirulent strains of organisms, descended from virulent infections under certain conditions of recovery from the acute stage, he puts up a convincing case for the recognition of pyogenic organisms masquerading under a new morphology in the bone forming the walls of the sphenoidal sinus and other neighbouring situations, which by nature are adverse both to inflammatory repair and to the growth of the normal types of the organism. The results of such insidious invasion (of structures which one feels instinctively should be above the possibility of such taint) are to be observed particularly in the blood-vessels concerned with the supply of nourishment to these nobler tissues. Granted that we accept the fact of a chronic extension of sinus infection into the brain-tissues (the reviewer, having made the pilgrimage to Birmingham, certainly accepts it), we must expect an incalculable variety of clinical phenomena therefrom, depending upon which portion of the brain be invaded.

Based upon this monumental work, Dr. Pickworth has evolved a particularly logical and reasonably-based theory of the production of mental disorder by impairment in the vascular supply of the brain. In the case of chronic vascular lesions, the hypothesis is susceptible of histological analysis and hardly admits of doubt. Evidence for the existence of mental disorder caused by vasomotor changes in the brain is naturally harder to come by; but the theory contains nothing outside previous physiological and pathological experience, and deserves the most serious consideration.

The case for the causal association of sinusitis with many types of mental disorder is overwhelming. One must either accuse Dr. Pickworth of faulty technique, or admit that we are witnessing the birth of an important new concept of disorders of the brain.

INSULIN: ITS PRODUCTION, PURIFICATION AND PHYSIOLOGICAL ACTION. By DOUGLAS W. HILL, B.Sc.(Bris.), Ph.D., and FREDRICK O. HOWITT, M.Sc., F.I.C., Ph.D.(Lond.). (London: Hutchinson's Scientific Technical Publications.) Price 12s. 6d.

The authors of this book state clearly in the preface that their object in writing it was to collect and sift the evidence which has accumulated during the past ten years on the subject of insulin, and not to write a text-book. It is only fair, therefore, to criticize their work in the light of this statement, and not to be disappointed because there is but little in it to assist the doctor in the treatment of his diabetic patients. It is a scientific book, written primarily for those who take a scientific interest in the chemical, physiological and pharmacological properties of insulin, and as such provides a most comprehensive survey of existing knowledge on a subject of ever-increasing magnitude.

The opening chapter contains a short historical account of diabetes mellitus and brief references to the clinical aspects of the disease, including the changes in the urine. It is doubtful whether, even in a book of this character, the description of the nature of the sugar in diabetic urine should be dismissed in three lines, and even more doubtful whether, as the authors state, acetone is one of the commonest ketone bodies in the urine of diabetics.

The account of the isolation of insulin is particularly full and interesting, even to those without special chemical knowledge, as also are those of its physiological properties and mode of action, but the remainder of the book is highly technical, and written for the pure biochemist.

The great majority of the experiments quoted in connection with the action of insulin have of necessity been carried out on animals, and the authors rightly emphasize the difficulties in the interpretation of results consequent upon the use of such differing animals as rabbits, rats, dogs, mice and cats, and the lack of standardized conditions of experimentation. The recent work on the relationship of the pituitary, adrenal and thyroid glands to insulin is described in detail, but here, as elsewhere, the authors refrain from drawing any conclusions, which is probably wise, but makes the arguments put forward difficult to follow.

The last chapter is devoted to an account of possible substitutes for insulin, and leaves one wondering whether there is anything else to try or any avenue left to explore. Any shortcomings in the text are more than compensated for by the excellent and comprehensive bibliography which follows each chapter, and includes over 1500 references.

FOUNDATIONS OF SHORT WAVE THERAPY. By WOLFGANG HOLZER and EUGEN WEISSENBERG. Translated by Justina Wilson, F.R.C.P.(Edin.), D.M.R.E.(Cantab.), and Charles M. Dowse, B.Sc.(Eng.), Lond., A.M.I.E.E. (London: Hutchinson's Scientific and Technical Publications, 1935.) 12s. 6d. net.

The first section of this book takes up nearly two-thirds of it and is written by Dr. Holzer. It is much the better of the two, and contains a clear account of the physical principles involved in short-wave therapy and of the technical aspect of the subject. The methods used for dosage estimation are also described, and it is made clear that accuracy in this respect has not yet been attained. Dr. Holzer becomes more theoretical when discussing the action of the ultra-high-frequency field on living tissues. Considerable space is devoted to the theory of "point heating", which forms the basis for the conception of a specific effect in short-wave therapy.

It is difficult to find much praise for the second section of the book, which is written by Dr. Weissenberg and deals with therapeutic results. In the first few pages an attempt is made to show that the effects of the treatment are due partly to a specific action on nervous tissue, but the evidence adduced is fragmentary and inconclusive. The rest of the section comprises 46 pages, and describes the effects of short-wave therapy on about 80 diseases and syndromes of varied ætiology. Leaving aside the fact that, in view of this phenomenally wide field of application, the term "specific action" seems peculiarly meaningless, the space devoted to each entity is far too small to permit the author adequately to discuss or the reader to judge the value of the method. One feels that the hope expressed at the end of the book that interest in the method will be stimulated would have been more surely fulfilled if Dr. Weissenberg had allowed himself more room.

The illustrations and diagrams are excellent, and the work of translation, which must have been very arduous, has been ably carried out.

PRACTICAL BIOLOGY FOR MEDICAL STUDENTS. By C. J. WALLIS, M.A. (Heinemann, 1936.) Price 12s. 6d.

This text-book has as its subtitle, "A Laboratory Manual Covering the Syllabuses in Biology of the First Medical Examinations for Medical Degrees and the Pre-medical Examination of the Conjoint

Board of the Royal College of Physicians and the Royal College of Surgeons". In the preface the author makes two highly commendable statements: first, that "an attempt has been made to make this book more than a mere list of morphological characters", and in the second place he stresses the necessity for exact observation, and deprecates the tendency to copy diagrams from a book. With regard to the former it is noticeable that the classification of plants and animals, and especially of the Cryptogams, is apt to suffer, but it is a welcome change from text-books which are composed entirely of a list of names and a list of characteristics. The diagrams in the morphological sections have been selected from a number of sources, and many of them are quite familiar; those in the section on plant physiology are probably of most value.

The book is in three sections—*Elementary Biochemistry*, *Plant Biology* and *Animal Biology*, besides an introduction and various appendices. The first section comprises tests for demonstrating the composition and metabolism of the various foodstuffs. The section on botany includes morphological and physiological chapters, of which the latter is the better. A book of this size must of necessity be incomplete, but some mention might have been made of conifers, as also of animals intermediate between the Cockroach and the Dogfish in the zoological section. The early development of *Amphioxus*, the frog and the hen complete this section. There are appendices on apparatus, "biological methods", and stains, etc. An indication, perhaps, of the tissues stained by the various reagents would have been of value in this place. The book has a stout, black cover which should withstand effectively the rigours of a laboratory bench.

ELEMENTARY MORPHOLOGY AND PHYSIOLOGY FOR MEDICAL STUDENTS. By J. H. WOODGER, D.Sc. (Oxford University Press.) Pp. 472. 12*s*. 6*d*.

It is seldom that one finds a text-book of a preliminary science which, being of use to the student, is written with an intelligent understanding of the course just commenced. This is an example of such a book, and the author would justify the complexity of the modern curriculum by showing "the mutual dependence of the sciences upon one another" in these days of specialization.

For those commencing the study of biology and to remind others, this book starts with the first principles of vital activity as exhibited in the frog, and passes to a detailed study of differentiated tissues common to the animal kingdom. From these introductory chapters one turns to the Protozoa, *Amœba*, *Paramœcium* and *Euglena*, then up to the Metazoa, *Hydra* and *Obelia* being taken as typical of the most primitive. The flatworm is chosen as an introduction to the triblastic type with the common parasites well described.

Amongst the animals one considers sufficiently to satisfy every examiner are "the Dogfish, Frog and Rabbit". The final chapters on Racial Development and Individual Development are clearly and interestingly written, whilst as a foundation for later work there are sections on Comparative Physiology and Scientific Method.

In conclusion a word might be said on the general "make-up", which is good; throughout, each new term is picked out in heavy type and is followed by definition. The illustrations are numerous, well placed and annotated, although in some places this tends to be more confused than one would imagine were really necessary. An excellent book for the student.

TEXT-BOOK FOR NURSES. By E. W. HEY GROVES, M.S., F.R.C.S., and J. A. NIXON, M.D., F.R.C.P. (Oxford University Press, 1936.)

This, the fifth edition of Groves' and Brickdale's *Textbook for Nurses* (the medical section now revised by Dr. J. A. Nixon), is sufficient evidence of its continued popularity with nurses. Although not nearly full enough to be a complete text-book, its "all in one" nature makes it irresistible to many. The illustrations are especially useful.

We have also received the following:

PRACTICAL ZOOLOGY. By H. R. HEWER, A.R.C.S., M.Sc. (Hutchinson, 1936.) 5*s*.

ELEMENTARY ZOOLOGY. By L. A. BORRADAILE, Sc.D. Third Edition. (Oxford University Press, 1935.) 10*s*. 6*d*.

MANIPULATIVE MEASURES IN THE TREATMENT OF FUNCTIONAL DISEASE. By EDWIN L. HOPEWELL-ASH M.D. (John Bale, Sons & Danielsson, Ltd., 1935.) 3*s*. 6*d*.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

BURROWS, HAROLD, C.B.E., M.B. F.R.C.S. "The Influence of Œstrogenic Compounds in Causing Hernia and Descent of the Testes in Mice." *British Journal of Surgery*, January, 1936.

FRASER, FRANCIS R., M.D.(Edin.), F.R.C.P.(Lond.), "The Modern Treatment of Toxic Goitre." *Practitioner*, December, 1935.

GAISFORD, WILFRID F., M.D., M.R.C.P. (W. A. THOMPSON, M.Ch., F.R.C.S., and W. F. G.). "Congenital Pyloric Stenosis." *British Medical Journal*, November 30th, 1935.

GARROD, LAWRENCE, P., M.D., M.R.C.P. "The Testing of Disinfectants in the Presence of Organic Matter." *Journal of Hygiene*, XXXV, 1935.

——— "The Effect of Bacterial Numbers on Minimum Bacteriostatic Concentrations." *Journal of Infectious Diseases*, lvii, 1935.

GAUVAIN, Sir HENRY, M.A., M.D., M.Chir., F.R.C.S. "Sea Bathing in the Treatment of Surgical Tuberculosis." *British Medical Journal*, December 7th, 1935.

GIUSEPPI, P. L., M.D., F.R.C.S. "The Method of Dealing with Accidents at Moscow." *Clinical Journal*, November, 1935.

GORDON-WATSON, Sir CHARLES, K.B.E., C.M.G., F.R.C.S. "Carcinoma of the Colon." *Practitioner*, February, 1936.

HALDIN-DAVIS, H., M.D., F.R.C.P., F.R.C.S. "Winter Dermatoses." *Practitioner*, January, 1936.

HALL, Sir ARTHUR, M.A., M.D., D.Sc.(Hon.), F.R.C.P. "On the Treatment of Lobar Pneumonia." *Practitioner*, January, 1936.

HARTSILVER, J., M.R.C.P. "A Note on High Blood-pressure." *British Medical Journal*, September 7th, 1935.

HEWER, C. LANGTON, M.B., B.S. "Anæsthesia for Operations for the Relief of Toxic Goitre." *Liverpool Medico-Chirurgical Journal*, xliii, Part 3, 1935.

HORDER, Lord, K.C.V.O., M.D., F.R.C.P. "Medical Education: An Address given at Adelaide University on the Occasion of the Jubilee of the Medical Faculty." *Lancet*, November 2nd, 1935.

——— "Clinical Medicine: A Farewell Lecture." *St. Bartholomew's Hospital Journal*, *Lancet* and *British Medical Journal*, January 25th, 1936.

HOSFORD, JOHN P., M.S., F.R.C.S. "Cysts of the Semilunar Cartilage of the Knee." *Lancet*, November 23rd, 1935.

——— "Kümmell's Disease." *Lancet*, February 1st, 1936.

HUDSON, BERNARD, M.D., M.R.C.P. "Some Observations on Artificial Pneumothorax." *Practitioner*, December, 1935.

KEYNES, GEOFFREY, M.D., F.R.C.S. "The Surgical Treatment of Toxic Goitre." *Practitioner*, December, 1935.

KLABER, R., M.D., M.R.C.P. (A. M. H. GRAY, M.D., F.R.C.P., and R. K.). "Involuntary Dyeing of the Hair." *British Journal of Dermatology and Syphilis*, February, 1936.

LANGDON-BROWN, Sir WALTER, M.D., F.R.C.P. "Integration of the Endocrine System." *Lancet*, November 23rd, 1935.

MACMAHON, CORTLANDT, M.A. "The Treatment of Stammering." *Practitioner*, January, 1936.

MAINGOT, RODNEY, F.R.C.S., Editor of *Post-Graduate Surgery*. With an Introduction by the Right Hon. Lord Moynihan of Leeds, K.C.M.G., C.B., M.S., F.R.C.S. Vol. I. London: Medical Publications, Ltd., 1936.

MAXWELL, JAMES, M.D., M.R.C.P. "Weil's Disease in a Sewer-worker." *Lancet*, November 2nd, 1935.

MÉTIVIER, VIVIAN M., F.R.C.S.(Edin.), D.O.M.S. "A Case of Atropine Poisoning." *Lancet*, November 30th, 1935.

MORGAN, C. NAUNTON, F.R.C.S. "Hæmorrhoids." *Practitioner*, February, 1936.

MORLOCK, H. V., *M.C.*, M.D., M.R.C.P. (A. J. SCOTT PINCHIN and H. V. M.). "Influenza." *Practitioner*, January, 1936.

NELIGAN, A. R., M.D. "Rheumatoid Arthritis with a Large Number of Subcutaneous Fibrous Nodules." *British Medical Journal*, November 30th, 1935.

NEWMAN, Sir GEORGE, K.C.B., M.D., F.R.C.P. "Readjustments in Medical Study: The Medical Curriculum." *British Medical Journal*, October 19th, 1935.

POWER, Sir D'ARCY, K.B.E., F.R.C.S. "Ipsissima Verba. VIII. Hutchinson's Triad: The Teeth." *British Journal of Surgery*, January, 1936.

SCOWEN, E. F., M.R.C.P. *See* SPENCE and SCOWEN.

SLOT, GERALD, M.D., M.R.C.P., D.P.H. (and FRIDJOHN, M. H., M.B.). "Sarcoma of the Duodenum." *Lancet*, January 25th, 1936.

——— "A Note on the Treatment of Osteo-Arthritis of the Hip." *Practitioner*, February, 1936.

SPENCE, ALLAN W., M.A., M.B., B.Ch., M.R.C.P., and SCOWEN, E. F., M.R.C.P. "Gonadotropic Hormones in Treatment of Imperfectly Migrated Testes." *Lancet*, December 14th, 1935.

STALLARD, H. B. "Corneal Grafting (Keratoplasty)." *British Medical Journal*, January 18th, 1936.

STUART-HARRIS, C. H., M.D., M.R.C.P. "A Study of Hæmolytic Streptococcal Fibrinolysis in Chronic Arthritis, Rheumatic Fever and Scarlet Fever." *Lancet*, December 28th, 1935.

TAYLOR, HERMON, M.Ch., F.R.C.S. "Appendicitis in the Aged." *Lancet*, October 26th, 1935.

WALKER, KENNETH, M.B., F.R.C.S. "Prognosis in Malignant Growths of the Testicle." *Lancet*, December 21st, 1935.

——— "Treatment of the Malignant Prostate." *British Medical Journal*, February, 1936.

WARD, R. OGIER, D.S.O., M.Ch., F.R.C.S. "Tumours of the Bladder." *Post-Graduate Medical Journal*, November, 1935.

WEBER, F. PARKES, M.D., F.R.C.P. "'Idiopathic' Striæ Atrophicæ of Puberty" *Lancet*, December 14th, 1935.

——— "What is Disease?" *Practitioner*, January, 1936.

——— "Inborn and Familial Tendency to the Development of Hepatic Cirrhosis." *Lancet*, February 8th, 1936.

WEST, RANYARD, M.D., M.R.C.P., D.P.H. "Intravenous Curarine in the Treatment of Tetanus." *Lancet*, January 4th, 1936.

WITTS, Prof. L. J., F.R.C.P. "Therapeutic Action of Iron." *Lancet*, January 4th, 1936.

——— "Prognosis in Asthma." *Lancet*, February 1st, 1936.

WOODWARK, Sir STANLEY, C.M.G., C.B.E., M.D., F.R.C.P. (and MINDLING, J., M.D., M.R.C.P.). "Favourite Prescriptions, No. XIV. The Pharmacopœia of the Westminster Hospital." *Practitioner*, February, 1936.

WOOLLARD, Prof. H. H., M.D., D.Sc. "Observations on the Terminations of Cutaneous Nerves." *Brain*, lviii, Part 3, September, 1935.

EXAMINATIONS, ETC.

Royal College of Physicians.

The following has been admitted a **Member:**

Jones, F. Avery.

CHANGES OF ADDRESS.

AMSLER, M., Delmonden Manor, Hawkhurst, Kent. (Tel. Hawkhurst 2.)

CROSS, E. W., 16, St. Ann's Court, Hove 2, Sussex. (Tel. Hove 3090.)

FRANKLIN, A. W., 24, De Walden Street, W. 1. (Tel. Welbeck 4642.)

HUGGINS, S. P., Hughenden, Salvington Hill, Worthing. (Tel. Swandean 568.)

TABOIS, A. C., Breachwood, 57, Clifford Road, New Barnet, Herts. (Tel. Barnet 4116.)

TRACEY, H. A., 705, Carrington House, Hertford Street, W. 1.

APPOINTMENTS.

NELSON, H. P., M.D., F.R.C.S., appointed Assistant Surgeon to the London Hospital.

ROPER, R. D., M.B., B.Chir.(Cantab.), appointed Honorary Anæsthetist to Charing Cross Hospital.

BIRTHS.

BACH.—On February 18th, 1936, at 20, Devonshire Place, W. 1, to Matine (*née* Thompson), wife of Francis Bach, M.D., of 49, Wimpole Street, W. 1—a son.

MCMENEMEY.—On February 16th, 1936, at "Stonefield", Blackheath, to Robina and William McMenemey—a daughter.

THROWER.—On February 10th, 1936, at 8, Belvidere, Weymouth, to Violet Beatrice (Betty), wife of William Rayner Thrower, M.D., M.R.C.P.—a son.

WESTWOOD.—On February 17th, 1936, at Chesterton Terrace, Cirencester, Glos, to Gretta (*née* Evans), wife of Dr. Matthew Westwood—a son (David Matthew).

MARRIAGES.

ENRAGHT—SHEPHERD.—On February 20th, 1936, William Enraght, M.R.C.S.Eng., L.R.C.P.Lond., 143, Croydon Road, S.E. 20, to Jessie Gray, youngest daughter of the late Mr. and Mrs. T. A. Shepherd, of Ly-ee-Moon, S.E. 19.

REECE—PETRIE.—On February 15th, 1936, at St. James's, Piccadilly, by the Ven. Archdeacon Lambert, Richard Harold Reece, M.A., M.R.C.S., L.R.C.P., elder son of the late Richard James Reece, C.B., M.A., M.D., to Janet Anderson Petrie, B.Sc., only daughter of Mr. and Mrs. John A. Petrie, Inveraven, Mearns Road, Clarkston, Glasgow.

DEATHS.

BOSWELL.—On February 6th, 1936, at 11, York Avenue, East Sheen, S.W. 14, Alexander Boswell, M.D., aged 82.

FAVELL.—On February 4th, 1936, suddenly, at Penberth, St. Buryan, Cornwall, Richard Vernon, the beloved husband of Alice Molyneux Favell.

GAYTON.—On February 18th, 1936, at Much Hadham, Herts, Dr. Francis Carteret Gayton, M.D., only surviving son of the late George Gayton, of Much Hadham, aged 81.

PRUEN.—On February 19th, 1936, peacefully, after a long illness, Septimus Tristram Pruen, M.D., M.R.C.S., of 2, Lansdown Terrace, Cheltenham, aged 76.

SMITH.—On February 15th, 1936, at Kirkby, Surtees Smith, M.R.C.S., L.R.C.P., elder son of the Rev. and Mrs. J. W. Smith, of Kirkby-in-Ashfield, Notts, aged 32.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, *St. Bartholomew's Hospital, E.C. 1.*

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, Mr. G. J. WILLANS, M.B.E., B.A., *at the Hospital.*

All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, *The Journal Office, St. Bartholomew's Hospital, E.C. 1. Telephone: National 4444.*